

aisle. This side of the aisle used to be very concerned about the budget deficit. Now it seems like it is less concerned about the budget deficit.

All we are asking for here is to make sure that we pay for these tax cuts as we extend them. That is all we are asking. This side used to believe that. Now they do not. I think they ought to revisit their philosophy because it did produce budget surpluses.

Finally, I would say to the American people who might be listening tonight that I do not think anybody at their kitchen table would ask Congress to borrow the money for tax cuts, and that is what this motion to instruct prevents us from doing.

Mr. Speaker, I yield the balance of my time to the gentleman from Texas (Mr. STENHOLM), my good friend.

Mr. STENHOLM. Mr. Speaker, I thank the gentleman for yielding me the time, and my friend from Pennsylvania asked for the specifics.

The Blue Dog budget this year proposed to spend no more than President Bush recommended that the Congress spend, and we intend to stick with that. When my colleague talks about spending and he talks about revising history, in the 8 years prior to the last 3½, spending went up 3.4 percent per year on the average. In the last 3½ years, spending has gone up 10.4 percent.

The gentleman keeps asking for specifics from the minority side. Last time I checked, the minority does not even get recognized for amendments so that we can do some of things that we talked about doing. We were denied having even a vote on some of our budgets over the last 3½ years. The gentleman keeps talking about specifics and rhetoric. His rhetoric does not match the specifics.

We are going to prove unequivocally sometime in the next 2 or 3 months that the economic game plan we are under is not working because we are going to have to vote to increase the credit card limit of the United States of America for the third time in 3 years, this time through \$8 trillion. Yes, the war is expensive and we must pay for the war, but this is the first war in the history of our country that is being fought at the same time we are asking to reduce the amount of money available to make sure the troops have the material that they need in order to fight the war.

If my colleague wants to make that argument, be my guest. All we are suggesting with this simple motion is go back to what worked in 1994, pay-as-you-go. It worked when we were bipartisan working on it. It worked in 1997 when we worked together as Democrats and Republicans. What has happened in the last 3½ years to suggest that, in a bipartisan way, we do not want to follow that which has worked?

That is the fundamental question for this body. I ask for a vote in favor of the gentleman from Indiana's motion. It is returning common sense, pay-as-

you-go, making tough choices; does not raise taxes on anyone. It just says if we are going to increase spending for any worthwhile project, we have got to pay for it; if we are going to cut taxes and increase the deficit, we have got to cut the spending first, not rhetorically, after the next election. Do it now, and my colleagues will find there will be some Blue Dogs working with them.

The SPEAKER pro tempore (Mr. PEARCE). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Indiana (Mr. HILL).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. HILL. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on any motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record vote on the postponed question will be taken tomorrow.

GARRETT LEE SMITH MEMORIAL ACT

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2634) to amend the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies, to provide funds for campus mental and behavioral health service centers, and for other purposes, as amended.

The Clerk read as follows:

S. 2634

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Garrett Lee Smith Memorial Act".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) More children and young adults die from suicide each year than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined.

(2) Over 4,000 children and young adults tragically take their lives every year, making suicide the third overall cause of death between the ages of 10 and 24. According to the Centers for Disease Control and Prevention, suicide is the third overall cause of death among college-age students.

(3) According to the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, children and young adults accounted for 15 percent of all suicides completed in 2000.

(4) From 1952 to 1995, the rate of suicide in children and young adults tripled.

(5) From 1980 to 1997, the rate of suicide among young adults ages 15 to 19 increased 11 percent.

(6) From 1980 to 1997, the rate of suicide among children ages 10 to 14 increased 109 percent.

(7) According to the National Center of Health Statistics, suicide rates among Native Americans range from 1.5 to 3 times the national average for other groups, with young people ages 15 to 34 making up 64 percent of all suicides.

(8) Congress has recognized that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities.

(9) Youth suicide early intervention and prevention have been listed as urgent public health priorities by the President's New Freedom Commission in Mental Health (2002), the Institute of Medicine's Reducing Suicide: A National Imperative (2002), the National Strategy for Suicide Prevention: Goals and Objectives for Action (2001), and the Surgeon General's Call to Action To Prevent Suicide (1999).

(10) Many States have already developed comprehensive statewide youth suicide early intervention and prevention strategies that seek to provide effective early intervention and prevention services.

(11) In a recent report, a startling 85 percent of college counseling centers revealed an increase in the number of students they see with psychological problems. Furthermore, the American College Health Association found that 61 percent of college students reported feeling hopeless, 45 percent said they felt so depressed they could barely function, and 9 percent felt suicidal.

(12) There is clear evidence of an increased incidence of depression among college students. According to a survey described in the Chronicle of Higher Education (February 1, 2002), depression among freshmen has nearly doubled (from 8.2 percent to 16.3 percent). Without treatment, researchers recently noted that "depressed adolescents are at risk for school failure, social isolation, promiscuity, self-medication with drugs and alcohol, and suicide—now the third leading cause of death among 10–24 year olds."

(13) Researchers who conducted the study "Changes in Counseling Center Client Problems Across 13 Years" (1989–2001) at Kansas State University stated that "students are experiencing more stress, more anxiety, more depression than they were a decade ago." (The Chronicle of Higher Education, February 14, 2003).

(14) According to the 2001 National Household Survey on Drug Abuse, 20 percent of full-time undergraduate college students use illicit drugs.

(15) The 2001 National Household Survey on Drug Abuse also reported that 18.4 percent of adults aged 18 to 24 are dependent on or abusing illicit drugs or alcohol. In addition, the study found that "serious mental illness is highly correlated with substance dependence or abuse. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without serious mental illness was only 6.3 percent."

(16) A 2003 Gallagher's Survey of Counseling Center Directors found that 81 percent were concerned about the increasing number of students with more serious psychological problems, 67 percent reported a need for

more psychiatric services, and 63 percent reported problems with growing demand for services without an appropriate increase in resources.

(17) The International Association of Counseling Services accreditation standards recommend 1 counselor per 1,000 to 1,500 students. According to the 2003 Gallagher's Survey of Counseling Center Directors, the ratio of counselors to students is as high as 1 counselor per 2,400 students at institutions of higher education with more than 15,000 students.

SEC. 3. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.

(a) YOUTH INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb-34) is amended—

(1) in subsection (a)—

(A) by striking “Health, shall award grants” and inserting “Health—

“(1) shall award grants”;

(B) by striking the period at the end and inserting “; and”;

(C) by adding at the end the following:

“(2) shall award a competitive grant to 1 additional research, training, and technical assistance center to carry out the activities described in subsection (d).”;

(2) in subsection (c), in the matter preceding paragraph (1), by striking “grant or contract under subsection (a)” and inserting “grant or contract under subsection (a)(1)”;

(3) in subsection (d)—

(A) by striking “APPROPRIATIONS.—For the purpose of carrying out this section” and inserting “APPROPRIATIONS.—

“(1) For the purpose of awarding grants or contracts under subsection (a)(1)”;

(B) by adding at the end the following:

“(2) For the purpose of awarding a grant under subsection (a)(2), there are authorized to be appropriated \$3,000,000 for fiscal year 2005, \$4,000,000 for fiscal year 2006, and \$5,000,000 for fiscal year 2007.”;

(4) by redesignating subsection (d) as subsection (e); and

(5) by inserting after subsection (c) the following:

“(d) ADDITIONAL CENTER.—The additional research, training, and technical assistance center established under subsection (a)(2) shall provide appropriate information, training, and technical assistance to States, political subdivisions of a State, Federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations for—

“(1) the development or continuation of statewide or tribal youth suicide early intervention and prevention strategies;

“(2) ensuring the surveillance of youth suicide early intervention and prevention strategies;

“(3) studying the costs and effectiveness of statewide youth suicide early intervention and prevention strategies in order to provide information concerning relevant issues of importance to State, tribal, and national policymakers;

“(4) further identifying and understanding causes and associated risk factors for youth suicide;

“(5) analyzing the efficacy of new and existing youth suicide early intervention techniques and technology;

“(6) ensuring the surveillance of suicidal behaviors and nonfatal suicidal attempts;

“(7) studying the effectiveness of State-sponsored statewide and tribal youth suicide early intervention and prevention strategies on the overall wellness and health promotion strategies related to suicide attempts;

“(8) promoting the sharing of data regarding youth suicide with Federal agencies involved with youth suicide early intervention

and prevention, and State-sponsored statewide or tribal youth suicide early intervention and prevention strategies for the purpose of identifying previously unknown mental health causes and associated risk factors for suicide in youth;

“(9) evaluating and disseminating outcomes and best practices of mental and behavioral health services at institutions of higher education; and

“(10) other activities determined appropriate by the Secretary.”.

(b) SUICIDE PREVENTION FOR YOUTH.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in section 520E (42 U.S.C. 290bb-36)—

(A) in the section heading by striking “CHILDREN AND ADOLESCENTS” and inserting “YOUTH”;

(B) by striking subsection (a) and inserting the following:

“(a) IN GENERAL.—The Secretary shall award grants or cooperative agreements to public organizations, private nonprofit organizations, political subdivisions, consortia of political subdivisions, consortia of States, or Federally recognized Indian tribes or tribal organizations to design early intervention and prevention strategies that will complement the State-sponsored statewide or tribal youth suicide early intervention and prevention strategies developed pursuant to section 520E.”;

(C) in subsection (b), by striking all after “coordinated” and inserting “with the relevant Department of Health and Human Services agencies and suicide working groups.”;

(D) in subsection (c)—

(i) in the matter preceding paragraph (1), by striking “A State” and all that follows through “desiring” and inserting “A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization desiring”;

(ii) by redesignating paragraphs (1) through (9) as paragraphs (2) through (10), respectively;

(iii) by inserting before paragraph (2) (as so redesignated) the following:

“(1)(A) comply with the State-sponsored statewide early intervention and prevention strategy as developed under section 520E; and

“(B) in the case of a consortium of States, receive the support of all States involved.”;

(iv) in paragraph (2) (as so redesignated), by striking “children and adolescents” and inserting “youth”;

(v) in paragraph (3) (as so redesignated), by striking “best evidence-based.”;

(vi) in paragraph (4) (as so redesignated), by striking “primary” and all that follows and inserting “general, mental, and behavioral health services, and substance abuse services.”;

(vii) in paragraph (5) (as so redesignated), by striking “children and” and all that follows and inserting “youth including the school systems, educational institutions, juvenile justice system, substance abuse programs, mental health programs, foster care systems, and community child and youth support organizations.”;

(viii) by striking paragraph (8) (as so redesignated) and inserting the following:

“(8) offer access to services and care to youth with diverse linguistic and cultural backgrounds.”;

(ix) by striking paragraph (9) (as so redesignated) and inserting the following:

“(9) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations.”;

(E) by striking subsection (d) and inserting the following:

“(d) USE OF FUNDS.—Amounts provided under a grant or cooperative agreement under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section. Applicants shall provide financial information to demonstrate compliance with this section.”;

(F) in subsection (e)—

(i) by striking “, contract.”; and

(ii) by inserting after “Secretary that the” the following: “application complies with the State-sponsored statewide early intervention and prevention strategy as developed under section 520E and the”;

(G) in subsection (f), by striking “, contracts.”;

(H) in subsection (g)—

(i) by striking “A State” and all that follows through “organization receiving” and inserting “A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving”;

(ii) by striking “, contract,” each place such term appears;

(I) in subsection (h), by striking “, contracts.”;

(J) in subsection (i)—

(i) by striking “A State” and all that follows through “organization receiving” and inserting “A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving”;

and

(ii) by striking “, contract.”;

(K) in subsection (k), by striking “5 years” and inserting “3 years”;

(L) in subsection (l)—

(i) in paragraph (2), by striking “21” and inserting “24”;

(ii) in paragraph (3), by striking “which might have been”;

(M) in subsection (m)—

(i) by striking “APPROPRIATION.—” and all that follows through “For” in paragraph (1) and inserting “APPROPRIATION.—For”;

(ii) by striking paragraph (2);

(N) by redesignating subsection (m) as subsection (n); and

(O) by inserting after subsection (l) the following:

“(m) DEFINITIONS.—In this section, the terms ‘early intervention’, ‘educational institution’, ‘institution of higher education’, ‘prevention’, ‘school’, and ‘youth’ have the meanings given to those terms in section 520E.”;

(2) by redesignating section 520E as section 520E-1.

(c) YOUTH SUICIDE AND EARLY INTERVENTION AND PREVENTION STRATEGIES.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting before section 520E-1 (as redesignated by subsection (b)) the following:

“SEC. 520E. YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall award grants or cooperative agreements to eligible entities to—

“(1) develop and implement State-sponsored statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations;

“(2) support public organizations and private nonprofit organizations actively involved in State-sponsored statewide or tribal youth suicide early intervention and prevention strategies and in the development and continuation of State-sponsored statewide youth suicide early intervention and prevention strategies;

“(3) provide grants to institutions of higher education to coordinate the implementation of State-sponsored statewide or tribal youth suicide early intervention and prevention strategies;

“(4) collect and analyze data on State-sponsored statewide or tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development; and

“(5) assist eligible entities, through State-sponsored statewide or tribal youth suicide early intervention and prevention strategies, in achieving targets for youth suicide reductions under title V of the Social Security Act.

“(b) ELIGIBLE ENTITY.—

“(1) DEFINITION.—In this section, the term ‘eligible entity’ means—

“(A) a State;

“(B) a public organization or private nonprofit organization designated by a State to develop or direct the State-sponsored statewide youth suicide early intervention and prevention strategy; or

“(C) a Federally recognized Indian tribe or tribal organization (as defined in the Indian Self-Determination and Education Assistance Act) or an urban Indian organization (as defined in the Indian Health Care Improvement Act) that is actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy.

“(2) LIMITATION.—In carrying out this section, the Secretary shall ensure that each State is awarded only 1 grant or cooperative agreement under this section. For purposes of the preceding sentence, a State shall be considered to have been awarded a grant or cooperative agreement if the eligible entity involved is the State or an entity designated by the State under paragraph (1)(B). Nothing in this paragraph shall be construed to apply to entities described in paragraph (1)(C).

“(c) PREFERENCE.—In providing assistance under a grant or cooperative agreement under this section, an eligible entity shall give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education, and tribal organizations actively involved with the State-sponsored statewide or tribal youth suicide early intervention and prevention strategy that—

“(1) provide early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations;

“(2) demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration;

“(3) employ or include in their applications a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community;

“(4) provide timely referrals for appropriate community-based mental health care and treatment of youth who are at risk for suicide in child-serving settings and agencies;

“(5) provide immediate support and information resources to families of youth who are at risk for suicide;

“(6) offer access to services and care to youth with diverse linguistic and cultural backgrounds;

“(7) offer appropriate postsuicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently completed suicide;

“(8) offer continuous and up-to-date information and awareness campaigns that target parents, family members, child care professionals, community care providers, and the general public and highlight the risk factors associated with youth suicide and the life-saving help and care available from early intervention and prevention services;

“(9) ensure that information and awareness campaigns on youth suicide risk factors, and early intervention and prevention services, use effective communication mechanisms that are targeted to and reach youth, families, schools, educational institutions, and youth organizations;

“(10) provide a timely response system to ensure that child-serving professionals and providers are properly trained in youth suicide early intervention and prevention strategies and that child-serving professionals and providers involved in early intervention and prevention services are properly trained in effectively identifying youth who are at risk for suicide;

“(11) provide continuous training activities for child care professionals and community care providers on the latest youth suicide early intervention and prevention services practices and strategies;

“(12) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations;

“(13) provide services in areas or regions with rates of youth suicide that exceed the national average as determined by the Centers for Disease Control and Prevention; and

“(14) obtain informed written consent from a parent or legal guardian of an at-risk child before involving the child in a youth suicide early intervention and prevention program.

“(d) REQUIREMENT FOR DIRECT SERVICES.—Not less than 85 percent of grant funds received under this section shall be used to provide direct services, of which not less than 5 percent shall be used for activities authorized under subsection (a)(3).

“(e) COORDINATION AND COLLABORATION.—

“(1) IN GENERAL.—In carrying out this section, the Secretary shall collaborate with relevant Federal agencies and suicide working groups responsible for early intervention and prevention services relating to youth suicide.

“(2) CONSULTATION.—In carrying out this section, the Secretary shall consult with—

“(A) State and local agencies, including agencies responsible for early intervention and prevention services under title XIX of the Social Security Act, the State Children's Health Insurance Program under title XXI of the Social Security Act, and programs funded by grants under title V of the Social Security Act;

“(B) local and national organizations that serve youth at risk for suicide and their families;

“(C) relevant national medical and other health and education specialty organizations;

“(D) youth who are at risk for suicide, who have survived suicide attempts, or who are currently receiving care from early intervention services;

“(E) families and friends of youth who are at risk for suicide, who have survived suicide attempts, who are currently receiving care from early intervention and prevention services, or who have completed suicide;

“(F) qualified professionals who possess the specialized knowledge, skills, experience, and relevant attributes needed to serve youth at risk for suicide and their families; and

“(G) third-party payers, managed care organizations, and related commercial industries.

“(3) POLICY DEVELOPMENT.—In carrying out this section, the Secretary shall—

“(A) coordinate and collaborate on policy development at the Federal level with the relevant Department of Health and Human Services agencies and suicide working groups; and

“(B) consult on policy development at the Federal level with the private sector, including consumer, medical, suicide prevention advocacy groups, and other health and education professional-based organizations, with respect to State-sponsored statewide or tribal youth suicide early intervention and prevention strategies.

“(f) RULE OF CONSTRUCTION; RELIGIOUS AND MORAL ACCOMMODATION.—Nothing in this section shall be construed to require suicide assessment, early intervention, or treatment services for youth whose parents or legal guardians object based on the parents' or legal guardians' religious beliefs or moral objections.

“(g) EVALUATIONS AND REPORT.—

“(1) EVALUATIONS BY ELIGIBLE ENTITIES.—Not later than 18 months after receiving a grant or cooperative agreement under this section, an eligible entity shall submit to the Secretary the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant or agreement.

“(2) REPORT.—Not later than 2 years after the date of enactment of this section, the Secretary shall submit to the appropriate committees of Congress a report concerning the results of—

“(A) the evaluations conducted under paragraph (1); and

“(B) an evaluation conducted by the Secretary to analyze the effectiveness and efficacy of the activities conducted with grants, collaborations, and consultations under this section.

“(h) RULE OF CONSTRUCTION; STUDENT MEDICATION.—Nothing in this section or section 520E-1 shall be construed to allow school personnel to require that a student obtain any medication as a condition of attending school or receiving services.

“(i) PROHIBITION.—Funds appropriated to carry out this section, section 520C, section 520E-1, or section 520E-2 shall not be used to pay for or refer for abortion.

“(j) PARENTAL CONSENT.—States and entities receiving funding under this section and section 520E-1 shall obtain prior written, informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. The requirement of the preceding sentence does not apply in the following cases:

“(1) In an emergency, where it is necessary to protect the immediate health and safety of the student or other students.

“(2) Other instances, as defined by the State, where parental consent cannot reasonably be obtained.

“(k) RELATION TO EDUCATION PROVISIONS.—Nothing in this section or section 520E-1 shall be construed to supersede section 444 of the General Education Provisions Act, including the requirement of prior parental

consent for the disclosure of any education records. Nothing in this section or section 520E-1 shall be construed to modify or affect parental notification requirements for programs authorized under the Elementary and Secondary Education Act of 1965 (as amended by the No Child Left Behind Act of 2001; Public Law 107-110).

“(1) DEFINITIONS.—In this section:

“(1) EARLY INTERVENTION.—The term ‘early intervention’ means a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

“(2) EDUCATIONAL INSTITUTION; INSTITUTION OF HIGHER EDUCATION; SCHOOL.—The term—

“(A) ‘educational institution’ means a school or institution of higher education;

“(B) ‘institution of higher education’ has the meaning given such term in section 101 of the Higher Education Act of 1965; and

“(C) ‘school’ means an elementary or secondary school (as such terms are defined in section 9101 of the Elementary and Secondary Education Act of 1965).

“(3) PREVENTION.—The term ‘prevention’ means a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems that have been known to lead to suicide.

“(4) YOUTH.—The term ‘youth’ means individuals who are between 10 and 24 years of age.

“(m) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated \$7,000,000 for fiscal year 2005, \$18,000,000 for fiscal year 2006, and \$30,000,000 for fiscal year 2007.

“(2) PREFERENCE.—If less than \$3,500,000 is appropriated for any fiscal year to carry out this section, in awarding grants and cooperative agreements under this section during the fiscal year, the Secretary shall give preference to States that have rates of suicide that significantly exceed the national average as determined by the Centers for Disease Control and Prevention.”.

(d) MENTAL AND BEHAVIORAL HEALTH SERVICES ON CAMPUS.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting after section 520E-1 (as redesignated by subsection (b)) the following:

“SEC. 520E-2. MENTAL AND BEHAVIORAL HEALTH SERVICES ON CAMPUS.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, in consultation with the Secretary of Education, may award grants on a competitive basis to institutions of higher education to enhance services for students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts, so that students will successfully complete their studies.

“(b) USE OF FUNDS.—The Secretary may not make a grant to an institution of higher education under this section unless the institution agrees to use the grant only for—

“(1) educational seminars;

“(2) the operation of hot lines;

“(3) preparation of informational material;

“(4) preparation of educational materials for families of students to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education;

“(5) training programs for students and campus personnel to respond effectively to students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts; or

“(6) the creation of a networking infrastructure to link colleges and universities that do not have mental health services with health care providers who can treat mental and behavioral health problems.

“(c) ELIGIBLE GRANT RECIPIENTS.—Any institution of higher education receiving a grant under this section may carry out activities under the grant through—

“(1) college counseling centers;

“(2) college and university psychological service centers;

“(3) mental health centers;

“(4) psychology training clinics; or

“(5) institution of higher education supported, evidence-based, mental health and substance abuse programs.

“(d) APPLICATION.—An institution of higher education desiring a grant under this section shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

“(1) A description of identified mental and behavioral health needs of students at the institution of higher education.

“(2) A description of Federal, State, local, private, and institutional resources currently available to address the needs described in paragraph (1) at the institution of higher education.

“(3) A description of the outreach strategies of the institution of higher education for promoting access to services, including a proposed plan for reaching those students most in need of mental health services.

“(4) A plan to evaluate program outcomes, including a description of the proposed use of funds, the program objectives, and how the objectives will be met.

“(5) An assurance that the institution will submit a report to the Secretary each fiscal year on the activities carried out with the grant and the results achieved through those activities.

“(e) REQUIREMENT OF MATCHING FUNDS.—

“(1) IN GENERAL.—The Secretary may make a grant under this section to an institution of higher education only if the institution agrees to make available (directly or through donations from public or private entities) non-Federal contributions in an amount that is not less than \$1 for each \$1 of Federal funds provided in the grant, toward the costs of activities carried out with the grant (as described in subsection (b)) and other activities by the institution to reduce student mental and behavioral health problems.

“(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required under paragraph (1) may be in cash or in kind. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(3) WAIVER.—The Secretary may waive the requirement established in paragraph (1) with respect to an institution of higher education if the Secretary determines that extraordinary need at the institution justifies the waiver.

“(f) REPORTS.—For each fiscal year that grants are awarded under this section, the Secretary shall conduct a study on the results of the grants and submit to the Congress a report on such results that includes the following:

“(1) An evaluation of the grant program outcomes, including a summary of activities carried out with the grant and the results achieved through those activities.

“(2) Recommendations on how to improve access to mental and behavioral health services at institutions of higher education, including efforts to reduce the incidence of suicide and substance abuse.

“(g) DEFINITION.—In this section, the term ‘institution of higher education’ has the

meaning given such term in section 101 of the Higher Education Act of 1965.

“(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$5,000,000 for fiscal year 2005, \$5,000,000 for fiscal year 2006, and \$5,000,000 for fiscal year 2007.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

For what purpose does the gentleman from New Jersey (Mr. GARRETT) rise? Do any of the gentlemen oppose this legislation?

Mr. BROWN of Ohio. Mr. Speaker, I support the legislation.

The SPEAKER pro tempore. Is the gentleman from Ohio opposed?

Mr. BROWN of Ohio. I do not oppose. I support.

The SPEAKER pro tempore. Under the rule, half the time will go to the gentleman from New Jersey (Mr. GARRETT).

The gentleman from Texas (Mr. BARTON) is recognized.

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that of the 20 minutes that I control, the gentleman from Ohio (Mr. BROWN) have the right to control 10 minutes of that time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

GENERAL LEAVE

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on this bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 2634, as amended. I am pleased that the House is considering this legislation which is authored with the intent to improve access to quality health care to individuals suffering from mental and behavioral health problems that can lead to suicide.

□ 1930

Last year, over 4,000 young men and women in our great country resorted to the ultimate act of denial by committing suicide. Senator GORDON SMITH of the other body has been the lead advocate for this legislation, and the bill is named in his son's honor, who, unfortunately, committed suicide last year. I think on this date. So we are here under the leadership of Senator GORDON SMITH to try to do something legislatively to prevent future young Americans from resorting to suicide.

I have had a young staff member on my staff last spring also commit suicide; so while I have not had the sacrifice or the tragedy that Senator

SMITH has had, I have been touched by suicide on my congressional staff down in Texas. I can tell you, as one would expect, that it is a very devastating experience. It is incredibly painful. It is a pain that is exacerbated when you see how your family and friends are burdened with grief because of an action like this. It is my sincere hope that the legislation the House is considering this evening, which the other body has already passed, will indeed help those who are troubled and are thinking about committing suicide in the future.

This bill is a 3-year authorization bill that provides educational and support programs for children at risk of suicide. These suicide programs would be administered through a grant program through the States. It reflects a balanced and reasonable compromise that allows parents to have a direct role in determining whether their children participate in these long-range programs. At the same time, when there is a young man or woman in our country who is actively contemplating suicide, the bill would allow that emergency intervention could be done without any consent so that we stabilize that individual and prevent them from actually committing the suicide act at the time they are contemplating it.

The compromise before us this evening does not modify in any way or affect any existing requirement under the No Child Left Behind Act. It is my hope that in the next Congress the House Committee on Energy and Commerce, which I have the privilege to chair, will systematically reauthorize many of the expired programs and even expired agencies at the Department of Health and Human Services.

One of those agencies that we intend to look at very closely is the Substance Abuse and Mental Health Services Administration, or SAMSHA, which has primary responsibility to improve mental health services across this country. I am strongly inclined to rework several of the mental health service programs currently in effect at SAMSHA so that we are sure that the funding programs actually produce measurable results and the kind of results we intend those programs to produce. Without a doubt, as a part of our review of the SAMSHA program, I will pay close attention to SAMSHA's work in the area of suicide prevention.

Mr. Speaker, I want to thank the subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS); the ranking member of the full committee, the gentleman from Michigan (Mr. DINGELL); and the subcommittee ranking member, the gentleman from Ohio (Mr. BROWN), for their cooperation in this legislation. I would also like to commend the gentleman from Tennessee (Mr. GORDON) and the gentleman from Oregon (Mr. WALDEN) for their help on the House side in improving this legislation. And, finally, I would like to thank the Speaker of the House and the majority leader for their

assistance in expediting this bill as it comes to the floor today.

Mr. Speaker, I would encourage my colleagues to support the legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. GARRETT of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

There is probably no more serious topic that we could be discussing this evening than we are right now when we are discussing suicide, especially when we are discussing suicide of young people. It is a serious topic, and it is an emotional topic.

Earlier today, Mr. Speaker, I heard someone say in the Chamber that this House, as we move along and make changes, we do not always make large changes or great changes at one time; we may only be making changes incrementally. And my response to that was I am all in favor of incrementally moving the agenda along, just so long as we are moving it in the right direction and not in the wrong direction, a harmful direction, or a hurtful direction. I want to be moving the agenda along in a direction that is guided by facts and thought and planning and not by emotion.

We just heard that this bill is moving along in an expedited fashion, and that is true. We are here tonight on a bill, on a piece of legislation, spending \$82 million that would create two new Federal programs that never existed before, a new technical center that will deal with this issue as well; and yet there has never been an opportunity for input, discussion, a vote, or consideration in a committee. This bill has never gone in this House to a committee for a hearing, for a complete markup in a formal manner.

If you are a parent and you have thoughts on this topic, you are concerned about your children or other children in your community, you have not had the opportunity to have your say, to have your feelings, to have your thoughts heard in a committee on this subject. If you are an expert in this field, a psychologist, psychiatrist, mental health association or the like, and you have thoughts about what would be best for our children or what would be harmful to our children, you too have not had the opportunity to have your thoughts or your opinions heard in a formal committee manner.

So it is correct when we hear that this legislation is moving in an expedited format, without the committee process and already to the floor.

Now, before this bill came up, we were talking about another topic, and I heard a lot of talk about the deficit and what grave financial straits we are in. I hope they continue with those feelings when we consider a bill that is \$82 million in the making for the first 3 years, and how much after that no one knows.

There was an article today in *National Review* that addresses this piece of legislation. It says, "Occasionally a

bill hits Capitol Hill over which there is remarkably little debate. This bill is an extreme example of that. Actually, according to news reports, there is no debating the bill, which provides additional Federal funding for suicide prevention programs in U.S. schools." It goes on, "Well, of course if you are against suicide, you are for the bill; right?"

Well, we really do not know. I am certainly against suicide. Everyone in this House is against suicide. But are we all for the bill? Are parents all for the bill? Are the experts all for the bill? The article goes on to point out that, "No, the experts are not all for the bill." The *Journal of the American Medical Association*, the *American Academy of Child and Adolescent Psychiatry* have reported on this topic of suicide prevention programs, such as this bill addresses, and they reported, "Suicide awareness programs in schools have not been shown to be effective either in reducing suicidal behavior or in increasing help-seeking behavior. Most kids who take their own lives are mentally ill. They need help, help that a school suicide prevention program is not going to provide them."

"For some of the children, these new federally funded programs," as it says in the article, "would reach awareness, putting ideas in their already normally confused adolescent heads." Conclusion: "Such programs," as we are talking about tonight, "could actually be harmful."

Let me go back to the issue of family and the like. We have to ask: Is this yet again another encroachment on the family, on the parent-child relationship, one in which the Federal Government should at least ask for input and thought before we start creating new Federal programs on this level?

In the end, are these programs, we should be asking ourselves, more harmful than helpful? The experts seem to indicate more harmful. Another expert, David Shaffer, M.D., Columbia College of Physicians and Surgeons, talking on the subject and doing research at Columbia University supported by grants for the Centers for Disease Control, suggests that "case findings that involve giving lessons or lectures about suicide either to encourage suicidal students to identify themselves or to teach other students or teachers how to identify the suicidal teenager is not effective, and in some instances may undermine protective attitudes about suicide."

Furthermore, from Dr. Shaffer and others, "self-identified attempters were less likely to approve of these programs, and there was little evidence that the programs were successful in influencing their views. There was some evidence that previous attempters were more upset by the programs than nonattempters were."

Again, the experts are showing that these programs that we are now spending money on may be more harmful than good.

There was a case several years ago in Michigan where a second grade boy killed himself in the spring of the year, the day after watching a film in a suicide prevention class such as what we are talking about today. People who knew the young boy said that he was a happy child who had just been accepted into the school's gifted and talented program, and he was not depressed at all at the time of his death. Many think that he was merely mimicking what he saw in the movie in the suicide prevention program and had no intention to die. In the movie, the boy who tries to hang himself to commit suicide is rescued by his friends. In real life, that did not occur, and the 8-year-old boy, having attended a suicide prevention program, killed himself.

As a parent, one also has to ask, where does the time come to do all these things in our schools? We already ask of our teachers so much, to teach all the curriculum already. Now we are adding an additional burden on the schools as well. I have talked to parents who have had their kids in public schools and have taken them out and either put them into private schools, Catholic schools, parochial schools, or home schooling. When I ask them why they do it, they say, because they realize the public schools are no longer focused on what they are supposed to be focusing on, and that is educating their kids. Instead, they are involved in so much other social programming, such as this.

So we have to ask ourselves this question as well: Does this program address the needs of our schools as being able to fulfill their obligation to teach our kids?

Next, we have to ask the question: Is this enough money, \$82 million? Now, to me, that sounds like a lot of money; but if we are talking across the entire country for a 3-year period of time, I hazard a guess that next year and the year after that that people will be coming back and saying this was just a drop in the bucket and that we will have to spend even more.

I figured it out just briefly in my head sitting over there earlier. This would provide my county in New Jersey maybe one new counselor, if it was spread evenly across the country. One counselor for my entire county. What about all the schools in that county? Will they not be looking for assistance as well, all the other services in the county? \$82 million is not going to go that far.

Now, it is set up as a 3-year program. In actuality, the bill that I am looking at talks about how much money we spend for the first 3 years; but if we look at the fine print, it details \$7 million one year, \$16 million the next year, and \$25 million the next year. That is 3 years. But thereafter it says "and such sums as may be necessary for each of the fiscal years 2008 and 2009." So, in reality, it is saying we know how much it is going to cost for the first 3 years, but after that it is

anybody's question, as people come back asking for more.

In the end, suicide is an emotional topic. The legislation we are dealing with today is an emotional topic. It is one that deserves our thoughtful time, it is one that deserves input from parents and experts alike, and so, therefore, Mr. Speaker, I would recommend to vote against this bill, or, better yet, to allow this bill to go back to committee for further consideration.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I want to thank my colleagues, the gentleman from Tennessee (Mr. GORDON), the gentleman from Texas (Mr. BARTON), the gentleman from Florida (Mr. BILIRAKIS), and the gentleman from Michigan (Mr. DINGELL), for their dedication to this bill. I also want to commend Cheryl Jaeger and John Ford of the staff of the Committee on Energy and Commerce for their good work.

Youth suicide is an issue that strikes a deeply personal chord for all too many Americans. An intern in my office lost five classmates to suicide, the most in her school's history. This legislation recognizes that the causes of youth suicide are complex and individual; but every one of these tragedies is, in fact, preventable. It reflects the fact that preventing suicide requires an approach that is both comprehensive in its scope and targeted toward the populations most at risk.

We will continue to work with the Department of Health and Human Services and mental health advocates to address one outstanding issue concerning parental consent; however, it makes sense to move forward and ensure that the good ideas in this bill are implemented as soon as possible.

This legislation honors the courage of the families both within this Congress and across the country who have endured the tragedy of youth suicide and who seek to stop this crisis in its tracks. I am pleased to support this important legislation.

Mr. BARTON of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. WALDEN).

□ 1945

Mr. WALDEN of Oregon. Mr. Speaker, I rise today in support of the Garrett Lee Smith Memorial Act. I extend sincere condolences to my colleague, friend, constituent and fellow Oregonian, Senator GORDON SMITH, sponsor of this act, and his family.

It was exactly 1 year ago today that the Smith family was changed forever when Garrett Lee Smith took his life. As the father of a son myself, my heart aches for GORDON and Sharon, and the Smith family remains in our prayers. After Garrett's death, the Smith family's selfless dedication to shining the public spotlight on the tragedy of youth suicide and saving other families from the devastation of suicide is truly inspiring.

Upon realizing that suicide is the third leading cause of death for 15- to 24-year-olds, Senator SMITH identified gaps in our public health infrastructure and crafted a bill to assist States, localities, tribal communities and college campuses in establishing youth suicide prevention programs. These programs will include prevention screening, early intervention, management and education activities.

Suicide is an unspeakable tragedy. However, the provisions of the Garrett Lee Smith Memorial Act encourage young people to speak up about suicide, importantly to seek assistance when they are feeling hopeless or depressed, and to make sure they have access to trained specialists to help them make sense of the emotions that are overwhelming them. It also provides families and friends of at-risk youth with information and resources to support these very fragile people.

There may be a misconception about this useful bill by some of my colleagues here in the House. Under no circumstances will this bill force parents to medicate their children as a condition of attending public school. In fact, it explicitly prohibits funds to be spent in such a way. Additionally, it does not allow schools to force children to attend school assemblies, undergo screenings for depression or receive treatment for depression without the written consent of a parent or guardian. It requires parental consent and involvement.

The bill requires that States and entities receiving funding under this grant program shall obtain prior written informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to the youth suicide conducted in elementary and secondary schools. So there is a very important provision for parents to be involved. Prior requirements do not apply if it is an emergency, as the chairman talked about.

This bill comes to the House floor as a result of delicate negotiation at the Member level and hard work at the staff level. I want to thank especially the gentleman from Texas (Chairman BARTON) and the subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS), and the gentleman from Ohio (Mr. BROWN) and others for facilitating this bill's swift movement to the floor. All of these gentlemen were gracious and worked closely with Senator SMITH to ensure that the Garrett Lee Smith Memorial Act would be considered by the House on this very day.

I encourage my colleagues to support the Garrett Lee Smith Memorial Act. In closing, I echo the words of Senator SMITH, my constituent. "Suicide and attempts do not simply leave an impression on the individual's life, it leaves a deep impact on everyone who knows the person or a family member of that person. No family should experience the pain we have suffered and no

child should suffer the challenges of mental illness alone.”

Mr. GARRETT of New Jersey. Mr. Speaker, I yield such time as he may consume to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I believe every life is a precious creation and that suicide is a tragic and terrible way to lose a family member or friend. One would automatically assume if you are against suicide, you will vote in favor of this bill; however, nothing could be further from the truth. We all want to stop suicide. Some of our most precious resources are our young people, and that resource must be preserved and promoted.

Our children and teenagers are too valuable to be used as guinea pigs on this issue. The gentleman from New Jersey spoke of the movie *Nobody's Useless*, and I will not reiterate that here now, but that will not be the only case across this country where exposure to suicide discussion has actually brought on suicide. While this legislation does not fund suicide education for children under the age of 10, it did start out younger than the age of 10. I do not think we need to take chances with our young people. Awareness could put ideas into the heads of children and teenagers that are already at an awkward time in their lives.

I would point out what happens when we do sex education and antidrug education. It is hard to find a program that resulted in less drug use or less sexual activity on the part of young people because they are made aware of something they may be afraid of. The more they talk about something, the more comfortable they get with it, the more likely they are to experiment.

Research at Columbia University has suggested that encouraging suicidal students to identify themselves or to teach other students or teachers how to identify the suicidal teenager is not effective and in some instances may even undermine protective attitudes about suicide. In other words, the creation of this program can actually be harmful to our youth.

In addition, we should also be asking ourselves is this really the role of the Federal Government. Federal money usually has strings attached to it. We do not know enough about how the grants will be distributed to know what these strings will be, but this legislation is just one more way that the government is encroaching on the lives and health care of private citizens and the parental role. Suicide prevention is best done through private counseling, faith-based groups, and within the nucleus of the family unit.

I know of no successful suicide prevention programs. We should be able to find at least one successful model program somewhere in this world before we invest \$82 million in a new, untried program.

In conclusion, while I believe this bill is offered with good will and absolutely with the best intentions, and with broken hearts as well, we need to take a step back and realize that suicide is based on emotion, and it was from emotion that this bill was created.

My heart goes out to those who have lost loved ones to suicide, and for that reason I ask my colleagues to vote no on this bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield 4 minutes to the gentleman from Tennessee (Mr. GORDON), the sponsor of the bill, who has been a leader on this issue.

Mr. GORDON. Mr. Speaker, I thank the gentleman from Ohio for helping bring this bill forward.

Mr. Speaker, let me first follow up on the comments of the gentleman from Texas (Mr. BARTON) that this bill really originated from a tragedy in Senator GORDON SMITH's family. We all respect him for his courage in bringing this up, and our condolences go out to the Smith family on the first anniversary of that tragedy.

I also thank the gentleman from Texas (Chairman BARTON) for his hard work in expediting this bill. When this was taken to him earlier, he said he would do his best to bring it up. And as he always does, he not only did his best, he accomplished it, and I thank him for that.

Unfortunately, it is certainly no fault of the chairman that this Garrett Lee Smith Memorial Act which started out as a bipartisan agreement is now mired in political extremism and really bizarre anecdotes. Let me be clear. I support the Senate version of this bill. The bill passed that body unanimously with the support of the White House. I sponsored the companion bill in the House. Unfortunately, a small group in the House have insisted on inserting language that undermines the very programs we are seeking to encourage.

The language would require schools to treat suicide prevention programs differently from all other school-sponsored programs, requiring prior written parental permission for a child to even attend a suicide prevention and awareness event. This would make suicide-prevention programs the only type of school-sponsored program with such a requirement.

Suicide is a silent epidemic in this country. There are about 600,000 teen suicide attempts each year that require emergency room care and hundreds of thousands more that are never reported. It is the third leading cause of death for older teens and the fourth leading cause of death for ages 10 to 14. Making it harder for schools to sponsor suicide-prevention programs undermines the goals of this legislation, and it perpetuates the very stigma that we are trying to overcome, and that is it is not okay to talk about youth suicide.

Groups which have advised on this bill, including the National Mental Health Association, the Suicide Pre-

vention Action Network, and the American Academy of Child and Adolescent Psychiatry, oppose this language. It puts passage in the Senate in question, and it puts hope of seeing this measure quickly reach the President in jeopardy.

Mr. Speaker, while in Congress I have witnessed some frustrating moments, and this one ranks right up there at the top. Regrettably, it is increasingly rare these days for Members of Congress to set aside partisan politics, but we tried to do so on this bill because it was in the best interest of our Nation.

However, in memory of our constituents and my colleagues' children who have lost their lives to suicide, I will reluctantly vote for this bill to keep this critically important legislation from dying in the House. I hope that this problematic language will be modified in the Senate.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Nebraska (Mr. OSBORNE) who has been directly involved in these programs.

Mr. OSBORNE. Mr. Speaker, I would like to thank the gentleman from Texas for his help on this bill. I am going to suspend my otherwise prepared remarks and try to address some of the concerns that we have heard here this evening about this bill.

Mr. Speaker, 4,000 young people die per year from suicide, and I guess what we are being told here is we do not know of anything that will work, and this bill really may make things worse, and we may actually cause some people to take their lives. I would just like to mention what the bill is all about.

Part 1 provides grant funding to States for development of a youth suicide prevention and intervention strategy. That does not necessarily mean that you go in and show films to kids of other kids killing themselves. It does not mean that you go out and hire a bunch of counselors to go into schools and tell kids do not kill yourselves. It may mean that you work with coaches and teachers to identify the signs, because there are very, very few suicides which occur where there are not some indications. It may be a term paper, a theme, it may be a comment in the locker room. So we can build awareness with those people who work with young people, and that is important.

Some young people do not know that steroids are a leading cause of suicide. This is an education issue. Steroid precursors can be bought over the counter and cause untold number of suicides each year. People are not aware of that.

This bill provides for screening programs that can identify mental health and behavioral conditions. There are certain medical conditions out there that make people more subject to suicide. It may be a personal tragedy that has occurred; it may be a friend who has committed suicide. These people can be watched more closely. There

may be things which could be done. You do not have to go tell them, do not kill yourself.

Lastly, the bill establishes the Federal Suicide Prevention Technical Assistance Center. People have said here, we do not know what works. That is what this center is for, to find out what strategies do work. That is the whole thing about it.

Mr. GARRETT of New Jersey. Mr. Speaker, I yield myself 1 minute to respond.

Many times in this House we do things for symbolic purposes, and I am not suggesting that this legislation is being done for symbolic purposes, but I do have to raise the question, as I did earlier, as to just what extent this bill may be successful if everything goes right.

As I indicated before, we are spending at \$82 million. That translates into around the addition of one new guidance counselor in every county in my State. So we have to question really are we providing any new services to the majority of kids, or are we just lifting up hopes and also the expectations of future calls for greater spending on these programs?

As to the aspect of additional harm that may come from this, that is the very nature of the question that I raise here. We have yet to hear of any testimony in this body as to what is the nature of the benefits of this, from academic institutions, parents or otherwise, how this may benefit the students. Anecdotally we may have some, but I would think before we get into such a critical area as dealing with the mental state of our kids that we would want to have that information on hand.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, I rise in support of S. 2634 and commend Senator GORDON SMITH and his family for helping to put the spotlight on this problem. I am happy to be the original sponsor, along with the gentleman from Nebraska (Mr. OSBORNE), for the second part of this legislation dealing with the mental and behavioral health of young people on our college campuses.

□ 2000

I was pleased to have our bill, H.R. 3593, the Campus Care and Counseling Act, combined with the gentleman from Tennessee's suicide bill to produce the Garrett Lee Smith Memorial Act. According to a survey described in the Chronicle of Higher Education in 2002, depression among college freshmen has nearly doubled, from 8.2 percent to 16.3. Along with depression, the number of suicidal students tripled and the number of students seen after a sexual assault quadrupled. Without treatment, researchers noted that depressed adolescents are at risk

for school failure, social isolation, promiscuity, self-medication with drugs and alcohol, and suicide.

I agree with the gentleman from Tennessee relative to some of the parental consent language. However, it is a good bill that leads us in the direction of dealing with a major health problem. Again I thank the gentleman from Ohio for yielding me this time.

Mr. BARTON of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. GARRETT of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Again I have to say it, the topic that we are dealing with is an extremely emotional one; and I take nothing away from what the sponsors are attempting to do with this legislation. And I take nothing away from the families that have suffered from the pains and arrows of going through this. All I say is that the best method of addressing this issue was perhaps, not perhaps, absolutely not followed in this procedure, that the parents in our communities have the right to have their say to make sure that we have the best system of taking care of their kids; that the experts, the doctors, the academics, have the right to have their say as to what are the best procedures as far as addressing the issue of suicide in schools. Finally, it ultimately falls upon our families and our parents to make sure that we are bringing our kids up in the correct manner.

This legislation does not address that at all. This legislation simply expands once again the size and the scope of the Federal Government into an area where we have not heard any testimony tonight and never had the opportunity to hear testimony in the past to say whether this system will do more harm than good.

Therefore, Mr. Speaker, I would suggest a "no" on this bill.

Mr. Speaker, I yield the balance of my time to the gentleman from Texas (Mr. BARTON).

The SPEAKER pro tempore (Mr. PEARCE). Without objection, the gentleman from Texas will control the balance of the time.

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, could I ask since the distinguished gentleman from New Jersey has yielded to me the balance of his time, how much time that means I now have.

The SPEAKER pro tempore. The gentleman from Texas has 6½ minutes, and the gentleman from Ohio (Mr. BROWN) has 4 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I yield the balance of my time to the gentleman from Oregon (Mr. BLUMENAUER).

The SPEAKER pro tempore. The gentleman from Oregon is recognized for 4 minutes.

Mr. BLUMENAUER. Mr. Speaker, I appreciate the gentleman's courtesy, and I appreciate the way that we are reallocating time a little bit to permit serious discussion of a serious topic. I

deeply appreciate the expeditious way that the Committee on Energy and Commerce has moved forward with this. As my friend and colleague from Oregon pointed out, we have sort of a special sense in our State, but I must take exception with our colleagues who are rising in opposition of the philosophy somehow if we do not talk about this with our young people, if we do not establish programs, that it is going to go away.

I would suggest that one of the reasons we have an epidemic of teenage suicide, especially among young men in this country, is because too few people do focus on the big picture, what it really means. Perhaps because it is so horrible, we do not really allow the reality to penetrate. But in a typical week in our State, there is more than one teenager who will take their life and about three in a typical day will be treated in an emergency room because of a failed attempt.

Somebody who has worked to bring this out of the shadows and to put a face on these serious tragedies, to spare other families, not to tuck it away and assume that everything is going to be all right but to see what we can do to craft a solution that will spare people is our friend and colleague Senator Gordon Smith. As has been noted on the floor, Gordon and his wife, Sharon, lost their son who is memorialized in this act. This is a tremendously positive response that has grown out of a personal family tragedy.

Frankly, I was disappointed in the changes that were added to this legislation, but I would take this for what it is, a positive start; and I appreciate what the committee has done. We are authorizing \$82 million over the next 3 fiscal years. In our great country of almost 300 million people, this is truly a very small and modest beginning, but it is important.

I am pleased that it speaks to the establishment of a national center, so perhaps we will have more compelling evidence for people to step forward and join in this effort. I am pleased that it will provide resources for statewide programs and especially programs run by Native American tribes where that need is especially acute. It is encouraging that we would establish new grants for mental and behavioral health services at colleges and universities. This is an important start, to let these young people who sadly have wrestled with these demons, let them know that they are not alone, let them know that there are services, that people do care and for us to experiment in ways to do a better job.

In Oregon, we have a special interest not only in the courageous way that the Smith family has responded to trying to help other families but ours is a State with a suicide rate that is 40 percent higher than the national average. We all have an incentive to do our part. There is not a Member in this Chamber that has not either been touched directly in their family or by people

close to them that they know and love. We have had cases on the floor of our colleagues just in the short time that I have been in Congress.

I am hopeful that we can seize on the opportunity to approve and then improve this legislation, build upon it and to share in carrying this message to Congress and through Congress back to our communities. By our action, we can join the Smith family to help spare others this pain in the future. I appreciate the work of my colleagues on the committee.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Nebraska (Mr. OSBORNE), who has been involved in programs to prevent suicide in Nebraska for a number of years.

Mr. OSBORNE. Mr. Speaker, I thank the chairman for yielding me this time. I am sorry I had to be rushed earlier, and I thank him for giving me this extra time.

In regard to the expeditious manner in which this bill has progressed, it actually started back in July. I know that there has been a tremendous amount of interplay and work over the last 6, 7, 8 weeks. There has been a lot of give-and-take and a lot of valuable discussion. The thing that I did not get to talk about that I wanted to mention is that from 1952 to 1995, we have three times the number, the rate of suicides, in this country as we did in 1952. This is a national epidemic. So to say that we really should not do anything or we should really go slow for some reason rubs me the wrong way.

The other aspect of the program that I wanted to mention today is the college mental health services. A survey regarding college students indicated that 60 percent of college students feel hopeless. More than 40 percent report being depressed. And 9 percent are suicidal. On the college campus, we have tremendous problems with this issue. You do not have to again go to these students and say, do not kill yourself. We do not have to show them films, but we do have to persuade them that it is not unmanly or it is not weak on the part of a woman to express your problems, to go to a mental health service, to talk things out, to be open with what is bothering you. These are the kinds of things that need to happen.

Part of this funding will simply go to enhance the mental health services on the college campus. This is not money that will be badly spent. This is something that is desperately needed. Again, Mr. Speaker, I thank the gentleman from Texas for his work.

Mr. BARTON of Texas. Mr. Speaker, I yield myself the balance of my time.

First of all, I want to comment on the procedural aspects of the consideration of this legislation. I think the gentleman from Tennessee (Mr. GORDON) pointed out a bill similar to this passed the other body 100 to zero. That is a phenomenal accomplishment considering that the other body this year many days has not even agreed on

whether the Sun rises in the east or the west. But on this particular piece of legislation, they passed it 100 to zero.

The President of the United States, President Bush, and his legislative aides contacted my office immediately and asked us to expedite consideration of this legislation on the floor of the House. We took the bill that passed the other body, we looked at it and we felt like, as well-meaning as it was, that in many cases it was duplicative and it could be improved if we made some changes.

To his credit, when we called Senator SMITH, he agreed to work with us on that process. We attempted to bring the bill up the last day before we adjourned for the August work period. There were still some concerns that could not be worked out. That bill could only come up under unanimous consent. The minority leader, the gentlewoman from California, agreed to it, the majority leader the gentleman from Texas agreed to the unanimous consent, but there were some Members on the Republican side that still had concerns, so we pulled the bill that night. We spent the August work period working at the staff level to try to iron out the differences. I submit with no apology that the bill that is before us today as a result of those extra days and hours of consultation is a better bill.

It requires that 85 percent of the funds expended have to be spent on direct services. So this is not an overhead bill. This is a direct-services bill. It requires that when grants are awarded to institutions that have existing programs, there be a dollar-for-dollar match, that the institution that already has a program has to match through services or in-kind contribution or direct dollars, dollar for dollar, the amount of the grant that they are receiving. There is a requirement in the legislation before us that there is an outcome-based assessment each year, so that as we begin to implement some of these programs, we actually go in and make sure that in future years we only award grants to programs that actually do have results in a positive way. I am very proud of that.

In terms of the parental consent section of the bill, which was the most difficult to find a compromise, we agreed that if there is an emergency situation where direct intervention needs to be conducted to prevent an individual from committing suicide, that that can be done immediately and to whatever extent is necessary so that we stabilize that individual and prevent him from taking his life. But once that occurs, before there is any entry into a long-term program, the parents have to be notified and they have to consent in writing that their child can be involved in that long-term program. I personally think that is a very, very reasonable compromise.

One can argue that the Federal Government should not be involved in early intervention and suicide preven-

tion. That is a reasonable position to take. But given the fact that 4,000 of our young people killed themselves last year and that, as the gentleman from Nebraska has pointed out, suicide rates among our young people have tripled in the last 40 years, I think it is wise for the Federal Government to be involved. Every life that we save is a future productive citizen who is going to contribute to our society and to our country. I strongly agree that we should be involved with a Federal program that helps in that area.

I would point out that this bill is a 3-year authorization bill. It is not a permanent expansion of any program. It is a 3-year authorization. As I said earlier, as we go through each year, the programs that are granted have to be evaluated on an outcomes basis. I think Members on both sides of the aisle, whether they are conservatives or liberals or moderates, regardless of whatever region of the country they come from, can sincerely and enthusiastically support this bill tomorrow when it comes to a vote. It is a good bill. I am proud that we have helped Senator SMITH memorialize his son, the late Garrett Lee Smith; and I would hope that we get a unanimous vote tomorrow on this important piece of legislation.

Mr. Speaker, I yield back the balance of my time.

Mr. DINGELL. Mr. Speaker, I rise in support of S. 2634, the "Garrett Lee Smith Memorial Act." This bill contains a variety of programs aimed at youth suicide early intervention and prevention, including campus mental and behavioral health service centers.

Mr. Speaker, I urge my colleagues to read the findings in this bill. They contain alarming statistics on the incidence of youth suicide in this country. For example, according to the CDC, suicide is the third overall cause of death among college age students. More than 4,000 children and young adults take their life each year, and the rate of youth suicides is increasing. The American College Health Association reports that 9 percent of college students have felt suicidal.

While this bill contains many findings, it does contain language on parental consent that has drawn expressions of concern from a variety of mental health advocates. I hope that as this bill moves further along in the legislative process we can modify it further so that these concerns are reduced or eliminated. I also note that the bill before us contains an important rule of construction that makes clear that this legislation does not modify or affect current law on parental consent applicable to elementary and secondary education programs, including the law popularly known as No Child Left Behind.

Mr. Speaker, I want to compliment my colleagues for the fine work they have done on this bill and I want to take particular note of the outstanding work of my good friend, Representative

BART GORDON and our Chairman, Representative BARTON.

Mr. WU. Mr. Speaker, I rise in strong support of the Garrett Lee Smith Memorial Act.

I wish this bill were not necessary. Unfortunately, it is. Youth suicide is a growing problem that knows no geographic, cultural, racial, or socioeconomic bounds. More children and young adults die each year from suicide than from cancer, heart disease, AIDS, birth defects, stroke and chronic lung disease combined.

More troubling, the rate of youth suicide has tripled in the last 50 years. A recent study by the American College Health Association found that 61 percent of college students report feeling hopeless, 45 percent said they feel so depressed they could barely function, and 9 percent felt they were suicidal.

The Garrett Lee Smith Memorial Act would provide critically important resources to help families, educators, and medical professionals better understand the warning signs of a child in danger and foster better coordination and communication to come up with the best ways to prevent another painful loss.

Specifically, the bill would authorize \$82 million over 3 years to support efforts at the community, state, and Federal levels to enhance early intervention and prevention services. Federal funds would provide mental health services (e.g., screening, assessment, mentoring, counseling etc.) to children and young adults in a variety of youth-oriented settings such as schools, juvenile justice systems, foster care, substantive abuse and mental programs. It would also help establish, and coordinate evaluation of the efficacy of early intervention and prevention programs specifically related to youth suicide.

Mr. Speaker, this bill is named in memory and in honor of Senator GORDON SMITH's son who tragically took his life after struggling with bipolar disorder. I admire Senator SMITH and his wife, Sharon, who returned their family tragedy into something that will benefit other families. By sharing their story with others, they are raising awareness of this growing problem that I know will help prevent other youth suicides.

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The SPEAKER pro tempore (Mr. PEARCE). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the Senate bill, S. 2634, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. GARRETT of New Jersey. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RESIGNATION AS MEMBER OF COMMITTEE ON GOVERNMENT REFORM

The SPEAKER pro tempore laid before the House the following resignation

as a member of the Committee on Government Reform:

HOUSE OF REPRESENTATIVES,
Washington, DC, August 10, 2004.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: I am writing to inform you that I am resigning my seat on the House Government Reform Committee effective August 10, 2004 to accept a seat on the House Permanent Select Committee on Intelligence.

Thank you for your time and consideration.

Sincerely,

JO ANN DAVIS,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted. There was no objection.

RESIGNATION AS MEMBER AND APPOINTMENT OF MEMBER TO PERMANENT SELECT COMMITTEE ON INTELLIGENCE

The SPEAKER pro tempore laid before the House the following resignation as a member of the Permanent Select Committee on Intelligence:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
August 9, 2004.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
The Capitol, Washington, DC.

DEAR MR. SPEAKER: Effective immediately, I resign my seat on the House Permanent Select Committee on Intelligence.

Best Wishes,

DOUG BEREUTER,
Member of Congress.

The SPEAKER pro tempore. The Chair announces that on August 10, 2004, in consonance with the letter of resignation from the gentleman from Nebraska and pursuant to clause 11 of rule I, the Speaker appointed the gentlewoman from Virginia (Mrs. JO ANN DAVIS) to serve on the Permanent Select Committee on Intelligence, vice the gentleman from Nebraska (Mr. BEREUTER).

RESIGNATION AS CHAIRMAN AND APPOINTMENT OF CHAIRMAN TO PERMANENT SELECT COMMITTEE ON INTELLIGENCE

The SPEAKER pro tempore laid before the House the following resignation as chairman of the Permanent Select Committee on Intelligence:

U.S. HOUSE OF REPRESENTATIVES,
PERMANENT SELECT COMMITTEE ON
INTELLIGENCE,
Washington, DC, August 10, 2004.

Hon. J. DENNIS HASTERT,
Speaker of the House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: As a result of the honor bestowed upon me by the President today, nominating me for the position of Director of Central Intelligence, I believe it is appropriate to relinquish my position as Chairman of the Permanent Select Committee on Intelligence during the pendency of the confirmation process of that nomination, effective immediately.

Therefore, I would ask that you appoint a Member to take the Chairmanship of the

Committee on a temporary basis, effective immediately, until the Senate makes a final determination on the President's nomination.

I believe it continues to be appropriate for me to remain a Member of the Committee, however.

Thank you for your consideration of this request.

Very truly yours,

PORTER J. GOSS,
Chairman.

The SPEAKER pro tempore. The Chair announces that on August 25, 2004, in consonance with the letter of resignation from the gentleman from Florida and pursuant to clause 11 of rule I, the Speaker designated the gentleman from Michigan (Mr. HOEKSTRA) as chairman of the Permanent Select Committee on Intelligence, vice the gentleman from Florida (Mr. GOSS).

COMMUNICATION FROM DISTRICT DIRECTOR OF HON. BENJAMIN L. CARDIN, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Bailey E. Fine, District Director of the Honorable BENJAMIN L. CARDIN, Member of Congress:

HOUSE OF REPRESENTATIVES,
Washington, DC, August 4, 2004.

Hon. J. DENNIS HASTERT,
Speaker, The Capitol,
Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena, issued by the United States District Court for the District of Maryland, for documents and testimony.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

BAILEY E. FINE,
District Director.

COMMUNICATION FROM STAFF ASSISTANT/CASEWORKER OF HON. BENJAMIN L. CARDIN, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Dina Johns, Staff Assistant/Caseworker of the Honorable BENJAMIN L. CARDIN, Member of Congress:

HOUSE OF REPRESENTATIVES,
Washington, DC, August 4, 2004.

Hon. J. DENNIS HASTERT,
Speaker, The Capitol, Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena, issued by the United States District Court for the District of Maryland, for documents and testimony.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

DINA JOHNS,
Staff Assistant/Caseworker.